ARDOUS WASTE MANAGEMENT BRANCH
Street
mento, CA 95814

UNIFORM HAZARDOUS WASTE MANI

GENERATOR COPY
Return to Generator

e p or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83014724

GENERATOR NAME AND MAILING ADDRESS
DOUGLAS AIRCRAFT COMPANY
190TH & NORMANDIE AVE.
TORRANCE, CA. 90502 213 533 6677
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER
CAD086610005

TRANSPORTER NO. 1
J.C. LIQUID WASTE DISPOSAL, INC.
2600 East 38TH STREET
VERNON, CALIFORNIA 90023
(213) 268-5131

VEH./CONTAINER NO. 22246122

EPA ID NUMBER CAD059013507

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY
BKK
1700 Maxwell Road
Chula Vista, CA 92011

VEH./CONTAINER NO.

EPA ID NUMBER CAT080011011

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASMALIA
P.O. BOX E. NTU Road
Casmalia, CA
AREA CODE/PHONE NUMBER

EPA ID NUMBER CAD027481125

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	CONTAINER TYPE	WASTE CAT NO.	DISP. METH.
WASTE: Sodium Hydroxide Solution ~~Corrosive~~	UN 1824	03 EPP	G	001	CT	121	08
WASTE							

COMPONENTS	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS %	UNITS PPM
Sodium Hydroxide	8	0	%	
Soduim Aluminate	6	0	%	
Sulfur	6	0	%	
Water	80	0	%	

SPECIAL HANDLING INSTRUCTIONS
POTENTIAL HAZARDS GUIDE NUMBER: #60
Use gloves, goggles - May cause severe burns to skin and eyes.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature Donald C. Gerber — MO. 06 DAY 27 YR. 84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED MO. 06 DAY 27 YR. 84
Harold Burnett
Printed or typed full name and signature 307 T-1

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES — DATE REC'D & ACCEPTED MO. DAY YR.
Printed or typed full name and signature 08/14

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.
Casmalia Resources
Alice Griest
Printed or typed full name and signature

EPA ID NUMBER CAD027481125 — DATE RECEIVED & ACCEPTED MO. 06 DAY 28 YR. 84

TO BE FILLED IN BY GENERATOR
TO BE FILLED IN BY TRANSPORTER
TO BE FILLED IN BY TSDF

SEND THIS COPY TO GENERATOR WITHIN 15 DAYS

BOE-C6-0216665